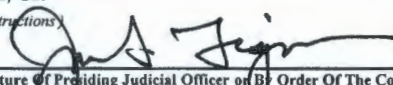


1. CIR./DIST./ DIV. CODE CAN		2. PERSON NUMBER YOUNG, ROBERT		3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CV-11-04985-JST (PR)		5. APPEALS. DKT./DEF. NUMBER		6. OTHER DKT NUMBER					
7. IN CASE/MATTER OF (Case Name) ROBERT YOUNG V. CONNIE GIPSON, ET AL.		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal <input type="checkbox"/> Habeas Petition		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner		10. REPRESENTATION TYPE (See Instructions) HC									
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 28:2254															
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS MR. WESTLEY A. VAN WINKLE P.O. BOX 5216 BERKELEY, CA 94705-0216 Telephone Number 510-848-6250				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) Judge Tigar  Signature Of Presiding Judicial Officer or By Order Of The Court 10/22/13 8/1/2011 Date Of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO											
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) FILED NOV - 5 2013 RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT															
15. IN COURT						16. OUT OF COURT									
CATEGORIES (attached itemization of services with dates)						HOURS CLAIMED		TOTAL AMOUNT CLAIMED		MATH/TECH ADJUSTED HOURS		MATH/TECH ADJUSTED AMOUNT		ADDITIONAL REVIEW	
a. Arraignment And/or Plea															
b. Bail And Detention Hearings															
c. Motion Hearings															
d. Trial															
e. Sentencing Hearings															
f. Revocation Hearings															
g. Appeals Court															
h. Other (Specify On Additional Sheets)															
(RATE PER HOUR =) TOTALS:															
a. Interview and conferences															
b. Obtaining and reviewing records															
c. Legal research and brief writing															
d. Travel time															
e. Investigative and other work (Specify on additional sheets)															
(RATE PER HOUR =) TOTALS:															
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)															
18. Other Expenses (other than expert, transcripts, etc.)															
GRAND TOTALS (CLAIMED AND ADJUSTED):															
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____								20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements..															
Signature Of Attorney _____ Date _____															
APPROVED FOR PAYMENT - COURT USE ONLY															
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOT. AMT. APPR./CERT.							
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE		28A. JUDGE/MAG CODE							
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED							
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.						DATE		34A. JUDGE CODE							